

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3643AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/15/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>HACIENDA HILL MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5544 SURREY STREET LAS VEGAS, NV 89119</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 15417 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 1/15/10. The facility received an annual survey grade of B. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 6 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 5 residents. Five resident files were reviewed and 2 employee files were reviewed. One discharged resident file was reviewed.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 105 SS=F	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by:</p>	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1  Surveyor: 15417 Based on record review on 1/15/10, the facility failed to ensure 2 of 4 caregivers met background check requirements (Employee #3 and #4).  Findings include  Employee #3 lacked documented evidence of a FBI background clearance. The file did not have evidence that the fingerprints were forwarded to the repository.  Employee #4 lacked documented evidence of a State and FBI background clearance. The file did not have evidence that the fingerprints were forwarded to the repository. The file lacked a statement indicating the employee had not been convicted of any of the seven crimes listed in NRS 449.188  Severity: 2 Scope: 3	Y 105			
Y 444 SS=F	449.229(9) Smoke Detectors  NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.  This Regulation is not met as evidenced by: Surveyor: 15417 Based on record review on 1/15/10, the facility did not ensure smoke detectors were maintained in proper operating condition.  Findings include:	Y 444			

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Y 444	Continued From page 2  The facility's smoke detector located in the living room was hanging from the ceiling.  Employee #4 indicated that Employee #3 had recently gone to the store to get another battery. When Employee #3 arrived he changed the battery, but the smoke detector continued to make intermittent chirping sound. Employee #3 made several attempts to fix the issue but was unsuccessful. The smoke detector continued to chirp during the entire duration of the survey.  Severity: 2 Scope: 3	Y 444			
Y 944 SS=A	449.2749(2) Resident File - Discharge Documentation  NAC 449.2749 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death.  This Regulation is not met as evidenced by: Surveyor: 15417 Based on record review and interview on 1/15/10, the facility did not provide proper documentation regarding a resident who had expired	Y 944			

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Y 944	Continued From page 3  (Discharged resident #6)  Severity: 1 Scope: 1	Y 944		
Y 991 SS=F	449.2756(1)(b) Alzheimer's Fac door alarm  NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.  This Regulation is not met as evidenced by: Surveyor: 15417 Based on observation and interview on 1/15/10, the facility failed to ensure 2 of 3 doors that exit the facility had an alarm that was on and operable at all times.  Findings include:  The facility's door alarm was turned to the "off" position on the front entrance door and the sliding glass door, off the kitchen area.  Employee #2 & 3 both acknowledged that the alarms were initially turned "off" and then they were immediately turned back on.  Severity: 2 Scope: 3	Y 991		
Y1038 SS=F	449.2768(1)(a)(4) Dementia Training	Y1038		

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Y1038	<p>Continued From page 4</p> <p>449.2768</p> <p>1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that:</p> <p>(a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes:</p> <p>(4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2).</p> <p>This Regulation is not met as evidenced by: Surveyor: 15417 Based on record review on 1/15/10, the facility failed to ensure 2 of 4 employees had evidence of the required annual alzheimer's training. (Employee #3 &amp; #4).</p> <p>Severity: 2      Scope: 3</p>	Y1038			

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